



PATENT APPLICATION FEE DETERMINATION RECORD

Ellective December 29, 1999							09/66/27/					
	CLAIMS AS FILED - PART I						ALL E					
F	OR	N/L IA	(Column 1)	olumn 2)	TYPE [OF		ER THAN L ENTITY		
NOMBER EX				R EXTRA	RA	TE	FEE		RATE			
BASIC FEE				A STATE OF THE STA				345.0		100	7//	
TOTAL CLAIMS /08 minus 20= * 88									\dashv			
INDEPENDENT CLAIMS 3 minus 3 = *					1 -		<u>792</u>	OF	X\$18=			
М	MULTIPLE DEPENDENT CLAIM PRESENT						9=		OF	X78=		
*	* If the difference in column 1 is less than zero, enter "0" in column 2						0=		OF	+260=		
	CLAIMS AS AMENDED - PART II						AL [137	OF	TOTAL		
	•	014				OTHE	R THAN					
Ä		(Column 1	9.79	(Column 2) HIGHEST	(Column 3)	SM/	LL EN		OR	SMALL	ENTITY	
AMENDMENT /		REMAINING AFTER AMENDMEN	6.8.8.9	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Έ	ADDI- ONAL FEE	-	RATE	ADDI- TIONAI FEE	
	Total Independent	*	Minus	**	=	X\$ 9)=		OR	X\$18=		
		1	Minus	PENDENT CLAIN	= .	X39	=		OR	\/70	1	
			WOLTIFLE DE	PENDENT CLAIM	М	100	_		100			
						+130			OR		<u> </u>	
		(Oalesse 4		•		ADDIT. I	TAL EE		OR	TOTAL ADDIT. FEE		
·		(Column 1	100000000000000000000000000000000000000	(Column 2) HIGHEST	(Column 3)						,	
AMENDMENIB		REMAINING AFTER AMENDMEN		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E TIC	DDI- DNAL EE		RATE	ADDI- TIONAL	
	Total	*	Minus	**	=	X\$ 9		<u></u>	OR	X\$18≐	FEE	
	Independent	*	Minus	***	=	V20	\dashv		OR			
	FIRST PRESE	NTATION OF	MULTIPLE DE	PENDENT CLAIM	1	X39=			OR	X78=		
						+130	_ L		OR	+260=		
						TOT ADDIT. F	AL EE		OR ,	TOTAL ADDIT. FEE	·	
Ŗ	D Comment	(Column 1) CLAIMS		(Column 2)	(Column 3)							
		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		NAL		RATE	ADDI- TIONAL	
	Total	* _	Minus	**	=	X\$ 9=	FE		_ }		FEE	
	Independent	*	Minus .	***	=		+		OR	X\$18=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					X39=			OR	X78=		
íf	the entry in colum	nn 1 is lass than	thoracteris			+130=			OR	+260=		
	the entry in colur the "Highest Nun the "Highest Nur	TOTA			OR .	TOTAL						
T	ure mignest Nur he "Highest Num	nder Previously F ber Previously Pa	Paid For" IN THIS aid For" (Total or	S SPACE is less that S SPACE is less that Independent) is the	n 3, enter "3."	ADDIT. FE	E L _		O'' AI			
	•	•	(aopondent is the	riigriest number t	ound in the a	appropria	te box	in colui	mn 1.		

FORM PTO-875